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CONFIRMATION NO. 9068

Bib Data Sheet

SERIAL NUMBER 10/033,430	FILING DATE 12/27/2001 RULE	CLASS 359 398	GROUP ART UNIT 2638	ATTORNEY DOCKET NO. 002114.P027
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APPLICANTS

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** CONTINUING DATA *****

None HP

** FOREIGN APPLICATIONS *****

None HP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/06/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HP</i>				
Verified and Acknowledged	Examiner's Signature <i>HP</i>	Initials			

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TITLE

Identification of related communications channels in a wavelength division multiplexed optical network

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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